

|   |  |                             |                   |
|---|--|-----------------------------|-------------------|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b>   |  | <b>Attorney Docket No.</b>  | IN - 5546         |
|   |  | <b>First Named Inventor</b> | Klaus ARLT et al. |
| <input checked="" type="checkbox"/> Declaration Submitted with initial Filing<br>or<br><input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required) |  | COMPLETE IF KNOWN           |                   |
|   |  | <b>Application Number</b>   |                   |
|   |  | <b>Filing Date</b>          | February 7, 2002  |
|   |  | <b>Group Art Unit</b>       |                   |
|   |  | <b>Examiner Name</b>        |                   |

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**INTEGRATED COATING METHOD FOR AUTO BODY PARTS CONTAINING PLASTIC PARTS  
OR FOR CABINS OF PASSENGER CARS AND UTILITY VEHICLES AS WELL AS FOR THEIR  
REPLACEMENT PARTS AND ADD-ON PARTS**

(Title of the Invention)

The specification of which:

☒ is attached hereto

☒ Was filed on **25 August 2000** as United States Application or PCT International Application Number **PCT/EP00/08298**  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date DATE/MONTH/YEAR | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Yes                                 | No      |                                     |                          |                          |                          |
| 199 44 483.8                        | GERMANY | 16. September 1999                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

**APPLICATION NUMBER(S)**

**FILING DATE**

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

**DECLARATION —**

Utility or Design Patent Application

**POWER OF ATTORNEY**

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith application and to transact all business in the Patent and Trademark Office connected therewith

☒ Customer Number or Bar Code Label

or

☐ Correspondence address below

|        |                          |           |                |     |                |
|--------|--------------------------|-----------|----------------|-----|----------------|
| County | United States of America | Telephone | (248) 948-2019 | Fax | (248) 948-2093 |
|--------|--------------------------|-----------|----------------|-----|----------------|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])KlausFamily Name  
or SurnameARLTInventor's  
Signature05.12.01

Date

Residence: City

D-48208 Senden

State

Germany

Country

Federal Republic  
of Germany

Citizenship

German

Mailing Address

Merschwiese 41

City

D-48208 Senden

State


Germany

Zip

|                      |                                      |
|----------------------|--------------------------------------|
| <b>DECLARATION —</b> | Utility or Design Patent Application |
|----------------------|--------------------------------------|

**POWER OF ATTORNEY**

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <br><b>26922</b><br>PATENT-TRADEMARK OFFICE | or <input type="checkbox"/> Correspondence address below |
|---|--|--|

|        |                          |           |                |     |                |
|--------|--------------------------|-----------|----------------|-----|----------------|
| County | United States of America | Telephone | (248) 948-2019 | Fax | (248) 948-2093 |
|--------|--------------------------|-----------|----------------|-----|----------------|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

20

|   |                         |                        |                |   |                                    |             |               |
|---|-------------------------|------------------------|----------------|---|------------------------------------|-------------|---------------|
| Name OF SECOND INVENTOR:                            |                         |                        |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                    |             |               |
| Given Name (first and middle [if any]) <u>Bernd</u> |                         |                        |                | Family Name or Surname <u>MAYER</u>   |                                    |             |               |
| Inventor's Signature <u>Bernd Mayer</u>             |                         |                        |                | Date <u>03.12.'01</u>   |                                    |             |               |
| Residence: City                                     | <u>D-48165, Münster</u> | State                  | <u>Germany</u> | Country   | <u>Federal Republic of Germany</u> | Citizenship | <u>German</u> |
| Mailing Address                                     |                         | <u>Hölderlinweg 55</u> |                |   |                                    |             |               |
| City  | <u>D-48165, Münster</u> | State                  | <u>Germany</u> | Zip   |                                    |             |               |

## DECLARATION —

Utility or Design Patent Application

## POWER OF ATTORNEY

☒

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

☒

Customer Number or Bar Code Label



26922

PATENT-TRADEMARK OFFICE

or

Correspondence address below

County

United States of America

Telephone

(248) 948-2019

Fax

(248) 948-2093

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Additional Joint Inventor, If any:

☐ A petition has been filed for this unsigned inventor

Given Name

Franz-Josef

Family Name  
or Surname

WYLEGALLA

(first and middle [if any])

Inventor's  
Signature

Franz-Josef Wylegalla

Date

03.12.'01

Residence: City

D-48161, Münster

State

Germany

Country

Federal Republic  
of Germany

Citizenship

German

Mailing Address

Stellmacherweg 8

City

D-48161, Münster

State


Germany

Zip

|                      |   |
|----------------------|---|
| <b>DECLARATION —</b> | <b>Utility or Design Patent Application</b> |
|----------------------|---|

**POWER OF ATTORNEY**

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

|   |  |    |   |
|---|--|----|---|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <br><b>26922</b><br>PATENT-TRADEMARK OFFICE | or | <input type="checkbox"/> Correspondence address below |
|---|--|----|---|

|        |                          |           |                |     |                |
|--------|--------------------------|-----------|----------------|-----|----------------|
| County | United States of America | Telephone | (248) 948-2019 | Fax | (248) 948-2093 |
|--------|--------------------------|-----------|----------------|-----|----------------|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|  |                   |                  |         |   |                             |             |        |
|--|-------------------|------------------|---------|---|-----------------------------|-------------|--------|
| Name of Additional Joint Inventor, If any:                       |                   |                  |         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                             |             |        |
| Given Name (first and middle [if any]) <u>400</u> <u>Norbert</u> |                   |                  |         | Family Name or Surname <u>ZDAHL</u>   |                             |             |        |
| Inventor's Signature <u>N. [Signature]</u>                       |                   |                  |         | Date <u>10.12.01</u>  |                             |             |        |
| Residence:   | D-59387 Ascheberg | State            | Germany | Country   | Federal Republic of Germany | Citizenship | German |
| City   |                   |                  | DEX     |   |                             |             |        |
| Mailing Address  |                   | Merschstrasse 35 |         |   |                             |             |        |
| City   | D-59387 Ascheberg | State            | Germany | Zip   |                             |             |        |